



## Application for direct credit remittance to nominated bank account of vendor

To: Funding team leader, training markets  
 Training resource allocation  
 Department of Training and Workforce Development  
 Locked bag 16  
 Osborne Park Delivery Centre WA 6916

Please complete scan and email to: [training.markets@dtwd.wa.gov.au](mailto:training.markets@dtwd.wa.gov.au)

It is hereby agreed that all payments made by the Department of Training and Workforce Development for goods and services be made to the vendor shown below and credited to the following bank account.

Vendor ABN: .....

Vendor name: .....

Vendor address: .....

Bank name: .....

Bank address: .....

Branch name: .....

Name of bank account: .....

BSB (bank, state, branch):       Bank account no: .....

Phone no: (for enquiry purposes).....Facsimile no: .....

Email address:..... (Notification will be sent when payment made)

**Conditions of agreement:**

- *The Vendor* will be responsible for notification in writing to the Department of Training and Workforce Development of any changes to the above particulars. Reasonable notice of change is required and in the interim the Department will process all payments in accordance with the above banking particulars.
- *The Vendor* warrants that the bank account details so provided comply with all applicable laws.
- The Department of Training and Workforce Development has the right to accept the authority of the undersigned as conclusive evidence of authority to execute this agreement on behalf of the vendor.
- *The Vendor* agrees to hold the Department of Training and Workforce Development indemnified against any liability resulting from incorrect details provided by *the vendor*.
- The Department of Training and Workforce Development will not be responsible for any delays in payment including delays in the banking system.
- *The Vendor* acknowledges that banking details must be made available to the Department of Training and Workforce Development staff carrying out payment of creditors invoices.
- *The Vendor* agrees to repay on demand any monies credited in error or alternatively the Department of Training and Workforce Development may offset the amount of any overpayment against a future liability owing by the Department of Training and Workforce Development to the Vendor.
- The Department of Training and Workforce Development reserves the right to terminate or suspend this direct credit payment method and to pay by cheque or any other method which the Department of Training and Workforce Development may determine from time to time.

Signed by: \_\_\_\_\_ as authorised representative

for \_\_\_\_\_ in the presence of

\_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of witness)

<b><u>For Department of Training and Workforce Development use only</u></b>	
Date received:	.....
Entered by:	.....
Verified by:	.....